



# 2010 Free Nature Program Waiver

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Parent's Name: \_\_\_\_\_

Immediate Contact Phone Number: \_\_\_\_\_

Allergies/ Special Needs: \_\_\_\_\_

## **Waiver/Release From Liability**

In consideration of the permission and privilege granted me by the Hamilton County Parks and Recreation Department ("Department") to Utilize Department facilities and services and all related events and recreational activities including, by way of illustration and not by way of limitation, classes, special events, nature programs, swimming, diving, and organized sports, I, the undersigned, for myself, my heirs, assigns and administrators and all other persons within my custody and control, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE DEPARTMENT AND ANY OTHER GOVERNMENTAL AGENCY OF HAMILTON COUNTY, INDIANA ITS AGENTS, OFFICERS AND EMPLOYEES from any and all liability to the undersigned, my heirs, assigns, administrators and persons over whom I may have custody and control, of and from all claims, demands, actions, causes of compensation on account of the death or injury to my person or property and any and all known and unknown, foreseen and unforeseen damages and consequences thereof caused by or arising out of my use of Department facilities or participation in any Department activity or event.

I certify and warrant that I am in good physical condition and able to participate in the above referenced activities and do agree to do so at my own risk. With respect to my children or other persons over whom I have care and custody, I certify and warrant that to the best of my knowledge such children or other person are in good physical condition and able to participate in above referenced activities.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

This Waiver/ Release From Liability shall be construed as a contract between the undersigned and the Hamilton County Parks and Recreation Department and the terms of this Waiver/ Release From Liability are contractual and not mere recital.

The undersigned acknowledges that the consideration received for the Waiver/Release From Liability included the permission granted to utilize Department facilities and participate in Department programs, and that this Waiver/Release From Liability is intended to be as broad and as inclusive as permitted by the laws of the State of Indiana.

IN WITNESS WHEREOF, I have executed the Waiver/Release From Liability on \_\_\_\_\_, 2010

### **Participant:**

Printed Name of Participant

Street Address

City

State

Zip Code

### **Parent and/or Legal Guardian:**

Printed Name of Legal Guardian

Signature of Legal Guardian